

## **COMPLAINT PROCEDURE AND COMPLAINT FORM**

### **Title VI Non-Discrimination Plan Complaint Procedure**

Any person who believes she or he has been discriminated against on the basis of race, color, or national origin by the ECWRPC may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. The ECWRPC investigates complaints received no more than 180 days after the alleged incident. The ECWRPC will process complaints that are complete.

Once the complaint is received, the ECWRPC Title VI Non-Discrimination Plan Coordinator will review and take the appropriate course of action. The complainant will receive an acknowledgement letter informing her/him that the complaint is being promptly reviewed.

The ECWRPC has 15 days to investigate the complaint. If more information is needed to resolve the case, the Commission may contact the complainant.

The complainant has 45 business days from the date of the letter to send requested information to the investigator assigned to the case.

If the investigator is not contacted by the complainant or does not receive the additional information within 45 business days, the ECWRPC Title VI Non-Discrimination Plan Coordinator can request ECWRPC Steering Committee close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 15 days after the date of the letter or the LOF to do so.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.

If information is needed in another language, then contact 920-751-4770

Si se necesita informacion en otro idioma de contacto 920-751-4770.

Yog muaj lus qhia ntxiv rau lwm hom lus, hu rau (920) 751-4770

For complaint procedures and forms, contact (920) 751-4770; email [wraith@ecwrpc.org](mailto:wraith@ecwrpc.org); visit ECWRPC's website at: <http://www.ecwrpc.org/about-ecwrpc/title-vi/>; or ECWRPC's office at 400 Ahnaip Street, Menasha, WI 54952.

**Title VI Complaint Form**

<b>Section I:</b>				
<b>Name:</b>				
<b>Address:</b>				
<b>Telephone (Home):</b>			<b>Telephone (Work):</b>	
Electronic Mail Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
<b>Section II:</b>				
Are you filing this complaint on your own behalf?			Yes*	No
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
<b>Section III:</b>				
I believe the discrimination I experienced was based on (check all that apply):				
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.				
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<b>Section IV</b>				
Have you previously filed a Title VI complaint with this agency?			Yes	No

<b>Section V</b>
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Federal Agency: _____ <input type="checkbox"/> Federal Court _____ <input type="checkbox"/> State Agency _____ <input type="checkbox"/> State Court _____ <input type="checkbox"/> Local Agency _____
Please provide information about a contact person at the agency/court where the complaint was filed.
<b>Name:</b>
<b>Title:</b>
<b>Agency:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Section VI</b>
Name of agency complaint is against:
Contact person:
Title:
Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below, or mail this form to:

ECWRPC  
Title VI Non-Discrimination Plan Coordinator  
400 Ahnaip Street, Suite 100  
Menasha, WI 54952